

**A SPACE OF THEIR OWN: NINETEENTH CENTURY LUNATIC  
ASYLUMS IN SOUTH AUSTRALIA AND TASMANIA**

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Nineteenth-century lunatic asylums offer unique challenges to the archaeologist because of the continued use of the buildings as psychiatric hospitals, or in the case of Australia as university campuses. Consequently they are not open to the traditional archaeological techniques of surveying and archaeological excavation. This study presents an alternative methodology based on Leone and Potter's advocacy of the use of middle range theory in historical archaeology. Descriptions of what asylums should be, as specified by nineteenth-century lunacy reformers, are used to create a descriptive framework against which the built reality of the lunatic asylums can be tested, and the discrepancies between the two becomes the basis for new questions that seek to understand the processes affecting the provisions made for the insane and the use of the buildings. The case studies of two Australian colonies are used to highlight how the framework can be used to derive information about the lives of the inmates in Australian lunatic asylums.

## **Archaeology and the Lunatic Asylum**

The popular media is full of images of psychiatric hospitals; they appear in books, films, and television series as places of restraint, where patients are held down by burly white clothed attendants while the needle full of sedative is administered. Patients wander in a daze in locked wards. These images similarly have been used to portray nineteenth century lunatic asylums where chains replace the attendants and cells are barred. To what extent are these images the result of popular culture, which reflects the fear society has of mental illness, and how much reality? Through archaeology, anthropology and sociology we can go some way to describe the reality of lunatic asylums/psychiatric hospitals in the present and in the past, and to understand the patient experience of these places. While patients have written about their experiences over the centuries (see Porter 1991), such accounts do not fully cover the patient experience, and their writers have their own agendas, often tempered by the belief that the person has been wrongly admitted to the asylum for various reasons and is not in fact mentally ill. There is also the problem of determining whether the experience described is accurate or influenced by mental illness which may produce delusions or paranoia. The archaeology of institutions allows us to explore the world of the asylum and to provide a different voice from the official one of documentation relating to the asylum produced by those given control over the asylum.

The archaeology of institutions presents unique challenges to the archaeologist; the use of the institutional buildings, the use of institutional material culture, and regulations limiting the possession of personal items may make the task of linking artefacts discovered during excavations to particular groups very difficult. Another problem with any analysis of artefacts associated with mentally ill people is identifying intentional actions, such as those found at the Ross River Factory by Eleanor Casella (Casella 1998, 2001) where artefacts formed part of the resistance to authority by the women. How do we identify a deliberate act from one that arises from the disturbed patterns of compulsive or disturbed thought patterns? At the present time most studies of the mentally ill have not considered the interaction between patients and the material culture around them. There are also issues of consent, privacy and ethical approaches in any modern day study of such behaviour. The archaeological study of lunatic asylums themselves presents even more challenges as the buildings of the nineteenth-century lunatic asylums often continue to be in use as psychiatric hospitals or have been adapted to other uses, which in Australia have included the conversion of the asylum complexes into university campuses. This does not, however, prevent us from undertaking archaeological studies of these buildings. In this chapter I discuss a new methodology that allows us to draw on the insights of archaeology to understand the material culture of lunatic asylums; insights that are not necessarily achieved through a historical methodology. In this study the buildings themselves are the focus of investigation.

Excavation is not an essential part of archaeological practice. The questions that come to mind when considering the remains of buildings discovered during an excavation are little different from those arising from a consideration of plans or photographs of these buildings. Only the context is different. As Beaudry notes (1996: 479) the cry “That’s not archaeology” or “That’s not archaeological enough” is often heard, particularly when the difference between historical archaeological research and historical research is not realised. The fundamental point of difference between the two lies in the questions. The archaeologist focuses on material culture recognising that ideas and beliefs not expressed through documents may be expressed in the material culture of a society, or perhaps more honestly.

The archaeology of institutions has generally focused on a number of themes including dominance and resistance, such as in Eleanor Casella’s study of the Ross Female Factory in Tasmania where convict women were housed (Casella 1998, 2001), and paternalism and responses to it as in Jon Prangnell’s study of the Peel Island Lazaret, Queensland (Prangnell 1999). Others have tested historical arguments or conclusions against the information to be drawn from an archaeological investigation, for example Sherene Baugher’s study of the New York Municipal Almshouse (Baugher 2001). Lu Ann De Cunzo’s study of the Magdalen Asylum in Philadelphia explores a further theme of reform and symbolism, and considers the symbolic role of rooms, spaces, and material culture (Du Cunzo 1995). These studies are to a large degree based on excavated material culture, and observations of remnant structures, although

De Cunzo uses every available resource to reconstruct the material world of the asylum, arguing that it is possible to construct the “material world” of an institution through artefacts, photographs, historical documents, plans, and comparative studies that describe the material world of the period (De Cunzo 2001: 23). This study follows a similar path, drawing on similar resources where available to reconstruct the material world of the Australian lunatic asylums of Adelaide and Parkside in South Australia, and the New Norfolk Hospital for the Insane in Tasmania.

Parkside Asylum and the New Norfolk Hospital remain in use as psychiatric hospitals while the Adelaide Lunatic Asylum has been completely demolished and lies under the Adelaide Botanic Gardens and the Hackney Bus Depot. As the remaining buildings were only available for limited study due to the need to protect patient privacy, excavation and intensive surveys were not possible, so a new approach was required to understand these buildings.

As discussed below, lunatic asylums were to become the primary focus of the care and cure of the insane in the nineteenth century. These asylums were to become a feature of landscapes across the world (Finzsch and Jütte 1996; Porter and Wright 2003). In England, where from 1842 Parliament required the compulsory construction of lunatic asylums after the failure of voluntary provisions, the opportunity existed for those interested or directly involved in the care of the insane to discuss the design of lunatic asylums in books, pamphlets, and articles. From these works it is possible to draw together a number of features into what I have called the ‘ideal’ asylum model,

with each author providing their own model. Archaeological studies have briefly mentioned similar descriptions of what could be called ‘ideal’ buildings or arrangements of buildings. McKee (1992), for example, discussed the intended message conveyed in the design of slave cabins by the owners of slaves, and Delle (1998) used descriptions of how coffee plantations should be laid out to understand the spatialities of these places. However McKee and Delle do not use these descriptions to the fullest extent possible. In this study descriptions of what asylums should be, as specified by lunacy reformers, are used to create a descriptive framework against which the built reality of the lunatic asylums can be tested, and the discrepancies between the two becomes the basis for new questions that seek to understand the processes affecting the provisions made for the insane and the use of the buildings.

It is also possible from these comparisons to access new information about life within the asylums. This is a modification of Leone and Potter’s (1988) interpretation of middle range theory as it applied to historical archaeology. Leone and Potter suggested drawing on four parts of Binford’s middle range theory: the independence of the archaeological and documentary records; the concept of ambiguity; the use of descriptive grids; and the idea of organizational behaviour (Leone and Potter 1988: 13-14). This approach uses documents as a descriptive framework (grid) from which to derive expectations of the archaeological record, and uses the deviations from these expectations, which Binford called ambiguities, as the basis for new questions about the archaeological and documentary records (Leone and Potter 1988: 14,

18; Leone and Crosby 1987: 398). As Leone and Crosby argue the goal of this approach is not to explain away exceptions, but to create a greater understanding of the archaeological record through seeking to understand the reasons for the differences (Leone and Crosby 1987: 408, 409).

The descriptive framework in my study consists of five ideal asylum models that covered a thirty-year period (Piddock 2002). The models used for the descriptive framework can be adapted to include those features which are identifiable either through surveys, surviving material culture, or documentary evidence. The models used in this study, therefore focus on features that can be identified through plans, photographs and building histories and limited visual surveys of the buildings and grounds. To understand the ‘ideal’ asylum models, which are the focus of my methodology, it is important to understand the context from which they arose.

### **The Rise of the Lunatic Asylum**

In the mid to late eighteenth-century changes within society and in the intellectual world saw the rise of the idea that insanity was a treatable condition and that the insane could be cured; Skultans (1979: 56) has characterised this shift as: “the emergence of therapeutic optimism and faith in the possibility of a cure”. Accompanying this shift was the realisation that the



insane were not insensate, a view that had led to the insane being kept in appalling living conditions. The shift to therapeutic optimism saw the rise of a new means of treating the insane: moral therapy or treatment. This treatment was based on the belief that the insane held the keys to their own return to sanity, through will power and self-restraint. One of the seminal works that described this new treatment was Philippe Pinel's *Treatise on Insanity* which was translated into English in 1806. Pinel argued that the insane should be treated with humanity, kindness, and reason; their finer feelings should be used to bring them back to sanity. The treating doctor had a pivotal role as he used all of the means at his disposal, including reasoning and talking to the patient, to bring them back to sanity by addressing the particular ideas of the individual (Pinel 1962 [1806]: 221-224). Most importantly, moral treatment could only be practised if the insane person was removed from their home environment and placed under the care of the doctor in an asylum. Other aspects of moral treatment which placed an emphasis on the provision of an appropriate environment included: the removal of all things that might irritate the patient; the provision of some kind of work to occupy the patient's mind during their convalescence; freedoms such as walking in the gardens; and the classification of the patients based on their illness and stage of recovery (Pinel 1962 [1806]: 221-224). In practice the asylum environment became part of the moral treatment of the insane patient; for W. A. F. Browne:

Every arrangement, beyond those for the regulation of the animal

functions, from the situation, the architecture and furniture of the buildings intended for the insane, to the direct appeals made to the affections by means of kindness, discipline, and social intercourse, ought to be embraced by an effective system of moral treatment [Browne 1837: 156].

Browne in his collection of lectures *What Asylums Were, Are and Ought to be*, published in 1837, provided both a picture of the faults of existing asylums and described what they could be, including details of their design, and how they might support the new curative treatment.

Prior to the rise of moral treatment the main focus of the treatment of the insane had been on control. This was achieved through mechanical restraints including: straight-jackets, leg chains, ankle cuffs. The insane were chained to walls, chairs, and cots often for long periods. This mechanical restraint was applied in the variety of settings in which the insane found themselves, whether they were ‘cared’ for at home, by a member of the clergy, or in a madhouse or hospital for the insane. With the rise of the belief in the curability of insanity came a new focus on the rationality of the insane. Previously they had been considered animal in nature as the ability to reason was what separated humans from animals, and the insane had lost the ability to reason (Porter 1987: 40-42; Scull 1981: 108). The late eighteenth century saw a focus on the scientific study of insanity; those writing on lunacy described myriad types of insanity deriving from different causes (Burrows 1976 [1828];

Arnold 1976 [1806] Vol. I). A person could be insane in one particular area of their life and sane in others. So it was entirely possible that the insane person could be aware of their treatment and surroundings. This belief gave rise to a new treatment regime called non-restraint. Like moral treatment, non-restraint was focused attention on the asylum environment as part of the treatment regime.

Robert Gardiner Hill, one of the leading figures in the non-restraint movement, argued that the use of restraint deprived the patient of all power and command over themselves (Hill 1976 [1838]: 20). From self-government came self-control, which would ultimately lead to a cure. Restraint was to be replaced by an *appropriate* environment in which an insane person might be cured, or if not, then at least cared for humanely for the rest of their life. For Hill, two of the main requirements for the new system of management were a suitable building “in an airy and open situation, with ground sufficient for several court-yards, gardens, and pleasure-grounds, commanding (if possible) a pleasing and extensive prospect” and “proper classification of the patients, more *especially by night*” (Hill 1976 [1838]: 38-39 emphasis in original).

Non-restraint included elements of moral treatment within its philosophy, and focused greater attention on the physical environment in which the insane were kept. The key elements of non-restraint were: the removal of mechanical restraints; the classification of patients, and their employment in some form of activity; exercise - preferably outside; a good diet; provision of appropriate clothing and bedding; clean wards and beds;

religious consolation; amusements to break up the hours in the asylum; the appropriate treatment for each patient's condition; and the treatment of patients with kindness (Piddock 2002: 77). Thus to meet the requirements for the practice of non-restraint the asylum had to include sufficient wards for classification, landscaped grounds or airing courts for exercise, a chapel, and spaces where patients could be employed. For both those advocating moral treatment and non-restraint the only place the insane patient could be cured was in an appropriate environment under the care of the doctor who specialised in the treatment of the insane.<sup>1</sup>

While these ideas might have remained purely possibilities, social and economic conditions in England led to the rise of county lunatic asylums where these ideas could become realities (Jones 1993: 34; Harrison 1966: 356-7). Parliamentary Select Committees revealed the appalling conditions in which the insane were being kept. There were no controls over who could establish a madhouse; anyone could set themselves up as carer for the insane (see Parry-Jones 1972 for a discussion of the mad-house system). Conditions were little better in the charity hospitals such as Bethlem or existing lunatic asylums (Browne 1837: 116-118; Allderidge 1985; Jones 1993: 7-10, 48-50).

The initial response to the findings of these Committees was the permissive County Asylums Act of 1808 (48 Geo. III, c. 96). The Act required the construction of new asylums in healthy situations with a good supply of water. Patients were to receive constant medical assistance, separate wards had to be provided for men and women, along with separate wards for

convalescents and incurables (Jones 1993: 36-37); however, few lunatic asylums were built under the 1808 Act (Jones 1993: 60). Consequently the Lunatic Act of 1845 (8 & 9 Vict., c. 100 & c. 126) made the building of county asylums for pauper lunatics compulsory. By 1857 there were 33 county asylums and four borough asylums in England with a further four planned (Commissioners in Lunacy 1857: 14).

The construction of lunatic asylums on a national scale, firstly in England then in Scotland and Ireland, offered those interested in the new treatments of moral therapy and non-restraint, and in reform of the asylum itself, an opportunity to discuss what asylums should be and influence the design of new asylums. Lunacy reformers described in various levels of detail the design and construction of the lunatic asylum, from the general to the precise, and their articles, books, pamphlets, journal articles, and editorials appeared throughout the nineteenth century (for example Sankey 1856; Arlidge 1858; Robertson 1863, 1867; Clouston 1879). These descriptions of what asylums should and could be were not static, and in fact changed over time in response to the construction of asylums and the nature of those to be confined within their walls (for a full discussion see Piddock 2002: 84-119). As indicated above archaeologists can use these descriptions as a framework against which they can explore the realities of these asylums. While my larger study of asylums used several descriptive models (see Piddock 2002), this chapter uses one, that of John Conolly.

## John Conolly and the 'Ideal' Asylum

John Conolly was one of the leading figures of the non-restraint movement, publishing his *Treatment of the Insane without Mechanical Restraints* in 1856. His earlier book *The Construction and Government of Lunatic Asylums and Hospitals for the Insane* was published two years after the Lunatics Act of 1845 had made the building of county asylums compulsory in England. Conolly had worked from 1839 at the Middlesex County Asylum at Hanwell, which had begun as a small-scale asylum accommodating 300 patients in 1831, but was expanded to house 1,000 patients in 1847 (Conolly 1968 [1847]: 11-12). Conolly introduced non-restraint to Hanwell and both of his books draw directly on his experiences in the management of a lunatic asylum.

*The Construction and Government of Lunatic Asylums and Hospitals for the Insane* provided a highly detailed description of what was possible in the design of a lunatic asylum based on the principles of non-restraint and the provision of a reasonable living environment for the insane. His book detailed every aspect of asylum design including: window size, floor surfaces, wall paint; the rooms required including wards, attendant's rooms, day rooms, baths and lavatories; the arrangement of each type of room, paint surfaces, decoration, and so forth. All this was placed within the context of patient and

staff management and arose from his direct experience of the failings of Hanwell. For Conolly, the ideal asylum was a reality. The Derby Lunatic Asylum, the plan of which he included in his book, was “in almost every material point accordant with the principles maintained” (Conolly 1968 [1847]: 181). For John Conolly some of the key features of the lunatic asylum as it should be were:

- An appropriate site with some form of scenery (A).
- An arrangement of the buildings that allowed light in and cross ventilation, with no building overshadowing another or the airing courts (B).
- A linear layout (C).
- In terms of size, it should accommodate no more than 360 to 400 patients (D).
- A building that offered a range of wards for classification (Ea), with each ward having its own attendant's rooms (Eb), and open areas as opposed to day rooms for patients (Ec).
- Each ward should have access to a bathroom, lavatory and water closets without the patients being required to go outside (F).
- Each ward should have a wide gallery furnished as a day room with windows low enough to allow a view outside and with as discrete security as possible (G).
- There should be a large recreation room (Ha), school rooms (Hb), work rooms and workshops (Hc), and a chapel for the use of patients (Hd).
- The offices should be centrally located (Ia) and there should be a means of accessing the various wards without passing through each (Ib).

- Attendants should have their own dining hall (J).
- Accommodation should primarily be in the form of single rooms with a few dormitories (K).

Above all, the asylum should be light, cheerful and liberal in the space it offered. (the letters used here correspond with those in Table 1).

These features then form an ‘ideal’ asylum descriptive framework which can be tested against the material culture of the lunatic asylums of South Australia and Tasmania.

### **The South Australian Adelaide and Parkside Lunatic Asylums**

South Australia was established in 1836 and was planned to be a colony free of the taint of convict transportation. The planners of the colony sought to populate South Australia through a system of colonisation, which was intended to balance land sales with the importation of labour and the growth of the population. This system had been proposed by Edward Gibbon Wakefield and developed into a plan by Major Anthony Bacon and Robert Gouger under the auspices of the National Colonisation Society of England (Pike 1967: 52; Main 1986: 96). Colonists fell into two groups, those who came as free settlers, and those whose passage was paid from sale of land. These latter colonists were intended to fit into a very specific category that



was meant to ensure that they would be young, capable of working and of providing for themselves. These colonists were expected to stay in South Australia and buy land themselves, thereby maintaining the cycle (Allen 1963 [1847]: 21-22). What the planners of the new colony of South Australia had not anticipated was the less than rigorous selection of potential colonists in England which saw a small but significant number of elderly or chronically ill people, and, those, in the language of the time, defined as ‘cripples’ and ‘idiots’ arrive in the colony each year to the anger of the colonists (Nance 1982: 30). South Australia did not gain control over who immigrated to the colony until 1855 when the English Parliament relinquished control of South Australia’s waste lands, the sale of which funded passages (Main 1986: 102).

Christopher Nance has argued that the Wakefield system of colonisation envisaged a community with: “a high percentage of producers and a low percentage of dependants” (Nance 1982: 29). Consequently little thought was given to infrastructures to support the sick, the poor, or those suffering from mental illness. Equally, the long journey combined with the problems of beginning life anew in a colony without family, friends or community support proved too much for some colonists. Consequently the colonists through the Governor and the representatives of the Board of Colonisation (based in England), who shared the duties of government in South Australia until 1842 when a Legislative Council was established, found themselves required to care for the sick, destitute, and the insane (Pike 1967: 247).

The first public lunatic asylum was a rented house, situated on what would later become the site of the Parkside Asylum. Leased in 1846, this house was rapidly filled, and in 1849 lunatics were again being kept in the Debtor's Yard of the Adelaide Gaol where they had originally resided (South Australian Government Gazette (S.A. G.G) 16/8/1849). At the direction of the Lieutenant Governor, the Colonial Surgeon James Nash was called upon to select a site for a new lunatic asylum. The site chosen by Nash was just to the west of the colonial hospital. Located on a gentle eminence that would catch the fresh breezes, and surrounded by paddocks, the Asylum was intended to house 60 patients at a cost of £5,000. The Adelaide Lunatic Asylum was officially opened in March 1852 (South Australian Colonial Secretary's Letters (S.A. C.S.O) 24/6/1840; S.A. G.G. 4/3/1852) (Figure 1). From plans held by the State Archives of South Australia it is possible to understand how the Adelaide Asylum was arranged. The asylum as constructed consisted of a single linear building with the kitchen and laundry forming an attached annex to the rear of the main building. The centre space of the ground floor was given over to the surgeon's rooms, a keeper's room, committee room, surgery and receiving room. On each side of these rooms were the wards. Each ward consisted of seven sleeping rooms, a day room, with the lavatory, bath and water closet opposite the sleeping rooms. At the end of the ward were three rooms, two for refractory patients (those suffering recent attacks of insanity) and one for wet (incontinent) patients. The first floor consisted of two wards, each composed of four dormitories, a corridor ward, and day room. While in

the centre space were two infirmaries and the Master's and Matron's rooms. These divided the asylum into male and female sides. Originally this floor had a bath and water closets. The small second floor over the central section had two dormitories and a foyer around the stairs. Only one yard was provided so men and women used it alternately until 1854 when additional yards were created.

In 1853 plans were drawn up for additional accommodation for 40 patients, along with day rooms for both sexes, additional exercise yards, a new enlarged laundry and kitchen (S.A C.S.O. Letters 24/6/2429). The new accommodation was built in a linear building placed at right angles to the rear of the existing building. The wards were to accommodate male patients. Overcrowding became a major problem at the Adelaide Lunatic Asylum and while the possibility of building a new asylum was considered in 1854, the sheer cost of providing a new asylum proved too much and the idea was shelved (for a full discussion see Piddock 2002: 155). In 1861, a further male dormitory was constructed abutting the first addition, providing 18 single rooms, two dormitories, and two small and one medium day room over two floors and a partial lower floor (Figure 2). Work also appears to have begun on a set of rooms for both men and women at some distance from the main building. These rooms included male and female dormitories, three single rooms for refractory patients, male and female dining rooms and one bath for each sex (Piddock 2002: 156). Overcrowding and other problems, however, continued, and in 1864, it was decided that a new purpose built lunatic asylum

capable of accommodating 700 patients should be built. In 1866 the land was purchased and work began (Piddock 2002: 156).

Parkside Lunatic Asylum was opened in May 1870 (Figure 3). The building was T-shaped in plan with a central interior courtyard. Of its three stories, the ground floor was devoted mainly to administrative rooms with the addition of two large day rooms. The central space of the front section was taken up by the Medical Officer's rooms and consulting room, and the porter's room. On either side of these were the day rooms. On the men's side an adjoining room was given over to a billiards room, but on the women's side the same space is occupied by a workroom. On the male and female sides, respectively, were the Matron's and Medical Officer's offices and dining rooms. On either side of the courtyard were the dispensary, service, and food storage rooms. The kitchen and distribution room occupied rear of the courtyard, and was flanked by a female attendant's dining room and visitor's room on one side, with the male attendant's dining room and a second visitor's room on the other side. This allowed the sexes to be kept strictly separate, including the male and female attendants.

The first floor was composed of a range of sleeping accommodation. Along the courtyard sides were single rooms, with a four-bedroom block at the rear. The corridor in front of these rooms was narrow and not intended to be a gallery like in English asylums, where this space became additional living room. Over the day rooms in the front of the building were dormitories with an adjoining annex of four bedrooms; while in the centre were the Matron's

and Medical Officer's rooms, the water closet and lavatories, and four additional dormitories. While there were no clear cut wards, it appears that there could have been three separate patient areas. The second floor had the same arrangement of dormitories and bedrooms as the first floor; although there were no rooms over the courtyard sides. It was original planned that there should be three pavilions, with one each for men and women, but only one was built and even that stood unoccupied for several years (Piddock 2002: 158). The accommodation in the administrative building would most likely have been intended for quiet incurable patients or those to be released back into society. The women's building was finally built in 1880-1881 (Annual Reports of the Medical Superintendent of the Adelaide and Parkside Lunatic Asylums (Figure 4) (S.A. A.R.) 19/2/1880). The men's building was never built.

### **The New Norfolk Hospital for the Insane, Tasmania**

If South Australia was a planned colony, Tasmania was to have very different beginnings. It was to forestall continuing French interest in southern Australia that the English decided to establish a settlement on an island just off the mainland to be called Van Diemen's Land. On January 4, 1803 David Collins was commissioned the first Lt. Governor of a colony to consist of

convicts, marines, and free settlers (Townsville 1991: 3). The town of Hobart was established in 1804 on Sullivan Cove, on Van Diemen's Land's southern coast.

Initially, the transportation of convicts was slow, with only 500 sent to the colony between 1810 and 1817, but steadily this increased. Meanwhile, in England the social turbulence arising from the French Wars and growing industrialisation led tradesmen, small merchants, and yeomen farmers to seek a new life in the colonies. Consequently the population of Van Diemen's Land grew quickly from 4,300 in 1820 to 7,185 in 1821, of which 4,380 were convicts. So, while Van Diemen's Land was seen as a convict colony, it had a substantial population of free settlers (Townsville 1991: 7).

From 1820 to 1840, the colony continued to thrive, with the British Commissariat directly controlling the institutions that dealt with convicts. The percentage of convicts in the general population gradually dropped as the number of free settlers increased. In 1820 convicts represented 54 percent of the population; by 1851 this had dropped to 29 percent, or around 20,000 people. This figure, however, does not include the emancipists and their families. The emancipists were former convicts and there is evidence that within colonial society the perception of a convict taint was carried down through the family. In 1853 transportation ceased and in 1856 Van Diemen's Land adopted its own Constitution and changed its name to Tasmania (Townsville 1991: 18-19).

The New Norfolk Hospital for the Insane grew out of the Convict Invalid Establishment, which most probably opened in mid-to-late 1830 (Figure 5). New Norfolk was 22 miles (35.4 kilometres) from Hobart Town, the capital of the colony.

In June of 1831 the District Surgeon in charge of the Invalid Establishment, Dr. Robert Officer, drew up plans, probably at the request of Governor Arthur, for a building suitable for housing lunatics at New Norfolk. This building was to cost £604 0s. 6d and work began in 1832 (Tasmanian Colonial Secretary's Letters (Tas. C.S.O.) 7/11/1832). The new lunatic buildings were placed directly behind the existing invalid buildings, forming an enclosed courtyard, with the rear of the original building forming one wall. Intended only for convicts, the New Norfolk Invalid Hospital and Lunatic Asylum was funded by the Imperial Government.

There is little information about the New Norfolk Hospital while it remained in the hands of the Imperial Government. It was a closed establishment but for some time it had become a place solely for the insane. On October 18, 1855, the Hospital was given by the Imperial Government to the colonial authorities and a Board of Commissioners took over the management of New Norfolk.

One of the few surviving plans of the Hospital, dating to 1829 and including the proposed additions of 1836, shows it to be composed of two squares, with the invalids occupying the front section and the lunatics the rear. This rear quadrangle was divided into male and female sections. The buildings

were laid out on a modified H plan with extensions to the right and left of the back building line. The rooms on this plan include wards and sleeping cells, overseer's rooms, a kitchen, office, surgery and dispensary, Superintendent's Quarters, and a chapel. From available documentation it appears the chapel was never built. The proposed extensions were composed of wards divided by staircases and overseer's rooms. These extensions were separated from the original building by small yards, in which privies were located. While New Norfolk was primarily designed as a convict hospital, there were separate cottages for 'superior' patients with a Gentlemen's Cottage being built in 1858 and a Ladies Cottage in 1867 (New Norfolk Hospital Correspondence Book (Tas. N.N. Corresp.) 14/9/1858). Over the years additional female wards were added, renovations were undertaken, and the Gentlemen's Cottage was extended. Throughout the nineteenth century, New Norfolk, remained the only Hospital for the Insane in Tasmania, apart from the accommodation provided at Port Arthur and the Cascades Factory for the criminally insane former convicts (Piddock 2002: 196).

**New Norfolk Hospital for the Insane, Adelaide and Parkside Asylums,  
and Conolly's 'Ideal' Asylum**



A comparison of John Conolly's ideal asylum to the Adelaide and Parkside Asylums and the New Norfolk Hospital reveals that the Adelaide Asylum and New Norfolk Hospital for the Insane shared few of the 'ideal' asylum features, with the Parkside Asylum having slightly more (Table 1).

In terms of Conolly's first requirement an appropriate location with some form of scenery, the Adelaide Asylum initially met this criterion. It was placed in an area of open land with the town of Adelaide relatively close, allowing easy access for visitors and relatives; however, this site was close to the Adelaide Hospital and was rapidly encroached upon making it unsuitable. This problem was solved by placing the new Parkside Asylum on an estate of over 600 acres (2.4 square kilometres) just beyond the Parklands surrounding the town of Adelaide, offering privacy while maintaining ease of access. The site of the New Norfolk Hospital was considered healthy; it had a good water supply, and was surrounded on at least two sides by open country. However the Hospital grounds were severely limited, amounting only to 48 acres (0.2 square kilometres) in 1883, being "10½ acres on which the buildings stood, 5½ acres for recreation grounds, and about 31½ acres devoted to farm and grazing ground" (*Royal Commission on the State of the Lunatic Asylums in Tasmania* 1883 (Tas. R. C. Report 1883): viii). Its distance from Hobart was by some considered a problem and for others a benefit (Piddock 2002: 196). So like the Adelaide Asylum, it only partially fulfilled Conolly's requirement.

The asylum as envisaged by Conolly would be small enough to allow the Medical Superintendent to effectively supervise the care of each person,

having less than 400 patients; it would have enough wards to support a range of classifications based on the mental state of the patient; and an arrangement of the buildings that would allow light and air in and a view out from the windows. Of the three institutions Adelaide and New Norfolk remained within the patient numbers envisaged by Conolly with the New Norfolk Hospital having generally less than 300 patients resident at one time, and the Adelaide Asylum peaking at 339 patients. Parkside, however, was intended to house 700 patients (*Report on Lunatic Asylum by Commission appointed to inquire into and report on the Management etc., of the Lunatic Asylum and Hospital* (S.A. S.C. 1864); *S. A. Register* May 28th 1868: Statistics of Tasmania 1804-1854, 1855-65, 1866-70, 1877-1886).

Classification was one of the most important elements of both moral treatment and non-restraint and required separate spaces for each class. The most basic classifications were acute, epileptic, chronic and convalescent, but some doctors used more detailed classification (Piddock 2002: 95). As part of the treatment regime a patient could be punished for inappropriate behaviour by moving back a class, say from convalescent to chronic or chronic to acute. This would lead to a loss of privileges such as the use of knives and forks, access to recreational activities, and depending on the asylum, possibly changes to the furnishings of the wards. Furniture in acute wards had to withstand attempts to break it and was often bolted in place. There is evidence that non-restraint had been introduced at the Adelaide Asylum from 1858 and it is possible that elements of moral therapy may have been introduced at the

same time (see Piddock 2002 Appendix C for a full discussion). The New Norfolk Hospital introduced non-restraint and moral therapy in 1860 (*Annual Reports of the Commissioners for the Hospital for the Insane at New Norfolk* (Tas. A.R. P.P) 1861). However all three institutions offered limited ward accommodation and had poor internal designs which prevented any extensive classification. Overcrowding meant that even the most basic of classifications was impossible to maintain (*Report of the Select Committee of the Legislative Council of South Australia appointed to inquire into the Treatment of Lunatics* 1856 (S.A. S.C. 1856): iii; Visitors Book to the Adelaide and Parkside Lunatic Asylums (S.A. Visitors) 4/12/1869, 3/8/1870, 15/10/1870, 6/1/1877; *Report of the Commission appointed to report upon the Adelaide and Parkside Lunatic Asylums* (S.A. Comm. 1884): iv; Tas. R.C. Report 1883: x).

The lack of space to undertake classification was to have a major impact on life within the institutions. The nineteenth-century asylum patient had no access to the chemical restraints of modern medicine. Those experiencing acute or fully-blown attacks of mental illness were likely to be agitated, noisy, possibly unrestrained in their physical movements, and desperate to cope with the sensations, feelings, hallucinations, and physical manifestations of their illness. For those recovering from their illness, these unrestrained patients reminded them of their illness, disturbed the quiet of the ward, and made it more difficult to behave in a restrained manner that indicated one's return to sanity and led ultimately to release from the asylum. Hence a basic level of classification and separation of acute/refractory and

convalescent patients was necessary for effective patient management. The further separation of epileptics allowed for closer observation of these patients who could die during a fit if they choked or fell against furniture and injured themselves. Acute or epileptics wards could be differently furnished to meet the needs of these particular patients. Adelaide Asylum appears to have had a padded room on the male side for these patients; the women had to make do with a few mattresses on the floor of a sleeping cell (S.A. Comm. 1884 Q. 4292). Overcrowding at Adelaide directly impacted on the material culture of the asylum, at one time the mixing of acute and convalescent patients meant that spoons had to be used, as knives and forks represented possible weapons or implements of self-harm for the acute patients (S.A. Visitors 15/5/1860). The reality of overcrowding meant equally cramped sleeping accommodations with two patients housed in a cell 7 feet 4 inches (2.2 meters) wide and 10 feet (3.0 meters) long (S.A. S.C. 1856: Q. 80-6, 31).

From the documentary evidence it appears that classification was never achieved to any degree at New Norfolk. There were simply not enough buildings to support classification given the number of patients accommodated. In 1883 the women remained unclassified, except for the separation of violent women in the refractory building. Consequently there was no opportunities to provide accommodation adapted to the needs of particular classes such as epileptics, or perhaps, those of different social classes i.e. convict and non-convict. The New Norfolk Commissioners were dismayed that ‘virtuous’ women were mixed with those of ‘notorious careers’

(Tas. A.R. P.P. 1864). The provision of the Gentlemen's and Ladies' Cottages allowed some separation of the social classes, based on the ability to pay a fee.

If the three institutions failed to meet the requirements for classification, the Adelaide Asylum and New Norfolk Hospital also failed to meet the building arrangement requirements. They were so poorly designed that the buildings allowed little light or air in. At Adelaide the windows were just under the eaves (see Figure 1) and at New Norfolk skylights replaced windows (Figure 5 and 6). Later additions placed windows lower but the view was simply of high walls. New Norfolk was described as dark and dismal, and Adelaide as hot and stuffy (S.A. S.C. 1864: Q. 929; Gowlland 1981: 50). Parkside Asylum opening in 1870 saw a significant improvement with its paired windows that offered a view of the surrounding grounds, and light and air in (Figure 3).

Conolly's asylum design required linear wards placed at right angles to each other in an open W shape or forming a large rectangle. Adelaide and New Norfolk were to become, over time, collections of buildings with no overall organisational plans that would have allowed the effective supervision of the patients and the attendants by the Superintendent. Supervision rounds required one to go in and out of buildings spread over some distance. Only Parkside Asylum with its pavilions came close to the ease of access Conolly envisaged.

Conolly had argued for internal water closets, lavatories that provided wash basins and running water, and baths accessible from the wards. Neither

the Adelaide Asylum nor New Norfolk provided internal water closets.

Adelaide's original privies were so offensive they were quickly removed from the wards along with the baths. Subsequently the water closets were located outside of the buildings, or in the case of the new male dormitories, on a sub level only accessible from the outside (S.A. Visitors 8/7/1852; S.A. C.S.O. Letters 24/1625). It is easy to presume the use of chamber pots at night or during bad weather, but the reality for the women of New Norfolk in 1883 was a wooden tub both day and night (Tas. R.C. Report 1883 Q. 51-2). The lack of proper bathrooms had to have had a significant impact on hygiene, the spread of infection, and on maintaining a healthy environment. At Adelaide Asylum the patients had to remove their clothes and dry themselves in the corridors as the bathrooms were extremely small. There were no proper bathrooms at New Norfolk until 1866 and 1871 when the men's and women's bathrooms, respectively, were built. These were placed in the airing courts, and in the case of the women's bathhouse next to the privy, which raises questions about the smell and cleanliness of the situation. The men's bathroom was converted from an old kitchen. The Hospital lacked both hot and cold running water, as well as, a bathroom in the 1860s (Tas. A.R. P.P. 1866, 1872). The effect of the lack of basic facilities at the New Norfolk Hospital was noted in 1883 by the Matron who indicated that there was no place where the women could wash their faces or groom themselves (Tas. R.C. Report 1883 Q. 238, 251). Patients were denied basic dignity by these failings.

Conolly's vision of the ideal asylum included wide galleries off of which the day room and sleeping rooms would open, providing a significant amount of living space. None of these institutions were provided with galleries. When the Tasmanian government took control of New Norfolk they began a major plan of rebuilding. Initially verandas were added to most buildings creating extra living space (Piddock 2002: 190). In South Australia wooden shelter sheds quickly became ad hoc day rooms (S.A. Visitors 12/5/1857, 7/4/1858, 6/10/1858). It is unclear whether the architects of the original buildings believed that galleries were unnecessary in the Australian climate, perhaps concluding that the patients would spend their time outside unlike in the rainy cold climate of England. The architects in designing the Australian institutions had failed to recognise the need for additional living spaces that the gallery would provide. The gallery served as exercise space and allowed the separation of the patients into smaller groups. Interestingly, the architects appear not to have made allowances for local climatic conditions, the South Australia summer averages temperatures between 30 and 40 degrees Celsius, yet there was no provision of shades in the Adelaide Asylum airing courts until 1857, five years after the asylum's opening. At Parkside Asylum sun shades and shade trees were put in place ten years after its opening (S. A. A.R. 19/2/1880).

Conolly's model had called for the separate provisions of workshops and workrooms, a schoolroom, recreation hall and chapel. This would allow for ease of supervision and would have diversified the day for the inmates.

Adelaide Asylum lacked both workshops and workrooms, while Parkside Asylum had only a women's workroom. Women were generally employed in the laundry or in sewing at all three institutions. Women engaged in sewing effectively never left the ward, working in the day room where they spent their evenings. Their only break from the ward was when they were taken outside to exercise. Separate workrooms would have provided a change in the women's daily routine. Interestingly, the absence of male employment at Adelaide and Parkside Asylums offered a similarly constrained world for the men who spent their entire day in the airing court, taking meals in the dining rooms in these courts. It is unclear why no provisions were made for male employment at Parkside Asylum from the beginning as the problem of a lack of activities for the men had long been recognised. The men in the South Australian asylums were generally considered to be unskilled labourers and this may have effected perceptions of what sort of work they could be employed in (S.A. S.C. 1864: Q. 71-2). At New Norfolk in 1883 there were tailor's, shoemaker's, painter's, blacksmith's, glazier's, plumber's and carpenter's shops. Men were employed to fulfil the double function of attendants and tradesmen, and there was a farmer and a bricklayer on staff. The male patients provided the labour for the repairs and construction of buildings at the Hospital (Tas. A.R. P. P. 1870; Tas. R.C. Report 1883 Q. 8, 27, 45, 66). For women at all institutions and the men of New Norfolk the curative regime may have been sacrificed to economic pressures, with more emphasis placed on the patient's value as a worker than on a break from the pressures of a working life that may have



caused the illness in the first place. There were no schoolrooms in any of the institutions.

While Conolly's 'ideal' asylum model called for a central recreation hall, at the Adelaide Asylum entertainments were held variously in a day room, ward or office (*Report of the Select Committee of the House of Assembly Appointed to Inquire into the Management of Lunatic Asylum* (S.A. S.C. 1869) Q. 27, 29, 32, 34). At New Norfolk it is not clear whether both sexes attended entertainments as the only large day room was on the women's side, and the documents do not provide any clues as to who attended these events, as the Hospital was divided into male and female sections with supposedly no contact between the sexes. The centralised recreation room as envisaged by Conolly would probably have had a stage and room for at least two-thirds of the patients. It is unclear just how many patients were able to attend entertainments in the makeshift rooms of Adelaide and New Norfolk. At Parkside Asylum a free standing building on the women's side of the main building served as chapel, recreation room and dining room (Figure 7) (S.A. A.R. 19/2/1880).

The absence of a dedicated chapel at Adelaide and Parkside is most likely explainable in terms of the nature of the colony of South Australia, as it had been established under the provision that it had no state religion; consequently a Church of England or Roman Catholic Chapel would be seen as inappropriate. From the 1860s religious services were irregularly held in a front room of the Adelaide Asylum. Capable of holding 40 to 50 worshippers,

the Committee Room may have been used for this purpose. Services relied on the goodwill of a clergyman, as there were none assigned specifically to the asylum (S.A. S.C. 1864 Q. 5, 60, 201).

The New Norfolk Commissioners who were in charge of the Hospital had asked for funding from the Tasmanian Parliament for a large recreation hall which would also serve as a chapel in 1861 (Tas. A.R. P.P. 1862). This would have bought the Hospital closer to Conolly's model, but the hall was never built and religious services appear to have been held in a makeshift room. For the archaeologist it is important to recognise the multifunctionality of rooms at Adelaide, Parkside and New Norfolk in any analysis of the building space. Conolly had envisaged an asylum with rooms serving specific functions, in the Australian institutions day rooms served as recreation halls, workrooms, and chapels. Offices could be used similarly, as could ward corridors if they were wide enough.

Conolly's ideal asylum called for a range of diverse spaces that provided variety in the lives of both the patients and attendants. In effect, attendants were as much confined to the asylum as the insane, with only occasional days and nights off. They lived and slept with the patients, hence the importance placed by Conolly on the provision of separate bedrooms and dining rooms for attendants to give them time away from the ward. The limited living space for the patients at Adelaide, New Norfolk, and Parkside was similarly reflected in the provisions made for the attendants. Adelaide Asylum provided some attendant's rooms probably used for sleeping, but at

New Norfolk there were no such provisions (Tas. R.C. Report 1883 Q. 238, 251). Parkside, built later, provided attendant's rooms and male and female staff dining rooms, reflecting an increased awareness of the need for time away from the patients. In the 1880s a male attendant's dining room was planned for New Norfolk; the nurses had no dining room and may have been expected to eat in the house provided for them on the grounds (Tas. Official Visitors Report 1886).

## **Discussion**

This examination of the Australian institutions in light of Conolly's model reveals a world that fell far short of this ideal for much of the nineteenth century. Using the comparisons as a starting point and supplementing the information with evidence from original nineteenth century documents relating to the asylums produced by the those directly involved in its management (such as the Medical Superintendent and Official Visitors, the various Committees of Enquiry that were established by the South Australian and Tasmanian Parliaments) plans and illustrations it is possible to begin to understand life within the South Australian asylums and the New Norfolk Hospital for the Insane.

Moral treatment and the non-restraint regime were to influence the construction of John Conolly's 'ideal' asylum, and both treatment regimes had called for the provision of an appropriate built environment that would support the cure of the insane patients. The key features of these regimes were kindness towards patients, classification, religious consolation, a clean environment, exercise and some kind of activity to occupy the mind. This in turn required the provision of sufficient wards and rooms to support classification, activity spaces such as day rooms, a recreation hall or grounds for outdoor games, a chapel or room for religious worship, and airing courts or gardens for exercise. Conolly's 'ideal' asylum had very much focussed on the provision of a reasonable, healthy living environment that would have supported the effective management of both the staff and patients by the Medical Superintendent. In this he recognised the humanity of the insane who were not unconscious of their surroundings. The environments of the South Australian asylums and the Tasmanian Hospital for the Insane were poor and unhealthy, and little changed over the decades after their openings.

It was a world of overcrowding and poor sanitation, where few opportunities existed for classification that would have supported the treatment regimes of the institutions. It was also a life of boredom in which staff and patients spent each day in a few rooms. The failure to provide day rooms and sufficient living space led to shelter sheds in the men's airing courts at the Adelaide Asylum being converted into day rooms where patients and the attendants could eat their meals. At New Norfolk a similar lack of

living spaces led to the verandas outside the sleeping cells becoming living space where inmates had their meals (Gowlland 1981: 50-51). The evidence from both South Australia and Tasmania suggests that the women probably ate their meals where they worked. Women were most commonly employed in the laundry and in doing needlework. It seems likely, for the women employed in sewing that the day was spent in one room where they sewed, eat and spent their evenings. The lack of male employment at the South Australian asylums meant the men were similarly limited to the airing court for most of the day. At New Norfolk there is evidence that men were employed in building work, painting and maintaining the Hospital, offering some relief from the monotony of the day spent in one area (Tas. A.R. P. P. 1870; Tas. R.C. Report 1883 Q. 8, 27, 45, 66). Conolly's model with its separate and discrete areas and rooms offered variation within the endless monotony of days experienced by both the patients and attendants.

In this chapter the focus has primarily been on only one part of the adaptation of Leone and Potter's middle-range theory for historical archaeology, that of the comparison between a descriptive grid of what is expected and its comparison to the material culture of the institutions. The next step is to explain the differences that arise between the two. By treating the buildings as material culture, and as such expressive of beliefs and ideas, it is possible to generate new questions from this comparison, including most importantly why did these buildings fall so far short of John Conolly's 'ideal' asylum? My study indicates that there were four factors that had the most

impact, these were: economic restraints; knowledge of overseas treatment of the insane; social perceptions of the insane; and treatment regimes (for a detailed discussion see Piddock 2002 Chapter 9). Some of these factors go to the nature of the society itself, while it is easy to assume that the presence of convicts within a society would have more influence than the presence of working class people on provisions made, a comparison of the failure to achieve the 'ideal' asylum in South Australia and Tasmania shows that beliefs about the nature of the working classes and what was suitable provisions for them had as much influence as the presence of convicts. In Tasmania there was a belief that the insane were largely coming from the convict class and that with their deaths the number of insane to be accommodated would fall. This was to directly effect the provision of a purpose built lunatic asylum, and, to a degree, the asylum environment was to fit with the nature of the inmates, i.e. convicts and former convicts. There were no social divisions allowable in New Norfolk due to the limited accommodation, and this in turn led those who could not pay the fee to stay in the Ladies and Gentlemen's cottages to share the convict accommodation with its basic furnishings, utensils, and prison diet (Tas. J.C. Report 1859: 4). The inmates in the Ladies and Gentlemen's Cottages were provided with cutlery, dining ware and better furnishing, and a range of living rooms (Piddock 2002: 193). However, the belief that the majority of inmates of New Norfolk were convicts, and later those tainted by a convict heritage, did not stop the calls for improvements to the Hospital which would have created a reasonable and healthy environment that would support

a curative regime (*Report of the Joint Committee on the Accommodation of the Hospital for the Insane 1859* (Tas. J.C. Report 1859): 5, Tas. A.R. P.P. 1865, Tas. R.C. Report 1883 Q. 69)

In South Australia the inmates of the asylums were considered to be working class, and interesting not the same as those found in British asylums (S.A. S.C. 1864 Q. 71, 72). This had important implications for the choice of treatment regime and how the daily life of the patients was managed, which in turn was manifested in the provisions made within the Asylum or the uses of the existing spaces and rooms. For example, those considered better educated were allowed to stay up longer at night, were allowed to use the better airing court and were allowed certain comforts (S.A. S.C. 1864 Q. 130 191). For the women there is a suggestion that class based judgements may have effected whether they were given duties in the laundry or were allowed to sew instead (S.A. S.C. 1864 Q. 130 191). Class based judgements also affected what sort of entertainments were put on and what reading material was provided for them as well as influencing beliefs about the causes of insanity. Alcohol and its abuse, and heredity were cited as causes most frequently (Piddock 2002: 231). Perhaps of equal importance to these social perceptions was the level of knowledge in each colony of the new treatments of the insane being developed overseas and the new ideas about the designs of lunatic asylums. There is evidence that the colonists knew of Conolly's books and purchased them for example. But the architects chosen to design these places seemed to have little knowledge of overseas design trends, and there was similarly little experience

of the management of the insane among those given charge of the asylums. Experience was often limited to casual visits to English asylums and personal reading except in the case of one or two individuals (Pidcock 2002: 228-331, 243-244). Consequently individual knowledge played a significant role in both the original design of these asylums and in their later modification.

There is evidence that both New Norfolk and Adelaide started out as places of restraint, and that it was only in the mid 1850s and 1860s that the new regime of non-restraint was introduced to both places; this in turn had affected choices made about the asylum environment. As indicated above Conolly's ideal asylum model was tied specifically to the treatment regime of non-restraint and echoed his belief that patients were conscious of their environment.

From the building histories of both the South Australian asylums and New Norfolk Hospital, it is possible to identify the effects of economics on the provisions made. In South Australia there were periods of passive and active responses in the provision of buildings and plans for new asylums that may have been linked to economic changes in the colony. At this time there are no economic histories of South Australia available, but when they are written it may be possible to tie the active and passive responses to economic improvements and declines. New Norfolk shows a similar cycle. When the Tasmania Parliament was given control of the Hospital there was a flurry of building work, this was followed by a lean period when funding was



extremely limited, and it can be said that the Hospital was not a financial priority in the study period (Piddock 2002: 225-227, 236-238).

The reasons for the failure of the South Australian asylums and New Norfolk Hospital to achieve Conolly's ideal are complex, with a range of factors combining to influence the provisions for the insane in nineteenth century Australia.

## **Conclusion**

In this chapter I have demonstrated that it is possible to undertake an archaeological study of institutions that are not accessible, nor necessarily suitable for, the more common techniques of historical archaeology such as excavation and detailed survey. By comparing the descriptive framework of the "ideal" asylum, which represented possibilities of what a lunatic asylum could be, with the realities of the buildings provided, it is possible to generate new insights into life within nineteenth century lunatic asylums. This study has revealed a different picture of asylum life than is evident in the historical documents, which express stated intentions to provide an appropriate environment and not the failures to provide that environment. A reading of the Annual Reports of the New Norfolk Hospital Commissioners, which are

filled with requests for building work and the provision of new rooms and spaces, might suggest that much was being done to improve life within the Hospital but when these documents are compared to the realities of what work was funded a very different picture emerges, that of the failure to provide even a basic standard of living. By looking at the intertextuality of documents, plans of the buildings, building histories and landscapes, it is possible to build a picture of both the world of the asylum and the reasons by certain provisions were made at a particular time.

By using the framework as a starting point, with its capacity to allow the generation of the same data for asylums spread over time and over wide geographical areas, it is possible to move beyond the individual institutions and look at patterns in the provisions made for the insane, across States or internationally across countries. These patterns can include those strictly limited to the buildings themselves or be more inclusive looking at wider social and economic factors that reflected changing attitudes towards mental illness over time and place.

Through archaeology it has been possible to create a story of what life was like within these lunatic asylums. While some lunatic asylums are heritage listed in Australia, to have significance they have to be more than simply good architectural examples of a period in time or significant because they were a response to a problem within society. By using archaeology to understand life within these buildings and to understand the choices made in providing these particular rooms and spaces, it is possible to add a human

presence to these buildings; making it archaeology of the people not just of institutions (Du Cunzo 2006: 184). They are not simply places where mad people were shut away behind high walls. They were originally intended to be places where the insane would be cured; this however was lost in the uses society found for these places. It is this significance which archaeology can explore adding social and emotional meaning to these places.

The buildings and material culture of the asylums are a 'voice' that provides a contrast to the official voices of documents with their particular agendas. They also speak about the present, for modern psychiatric hospitals are the direct inheritors of the nineteenth century lunatic asylums in terms of design, and the concept of the segregation of the mentally ill. For while originally intend to be places where the insane could be cured they quickly became dumping grounds for those who did not fit within society including the aged and senile, the terminally ill and disabled children. With their original purpose sublimated these buildings took on new roles that can be explored through archaeology.

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## Notes

1. In this context the term 'doctor' does not necessarily refer to a medical doctor. In the eighteenth and nineteenth centuries those who made a career of treating the insane did not have medical training. Hence the term only reflects common usage. See Scull 1979 Chapter Four and the articles in Scull (ed.) 1981.



## **Figure Captions**

Figure 1. Adelaide Lunatic Asylum 1850s (Courtesy of the State Library of South Australia B16073)

Figure 2. Additional male dormitories at the Adelaide Lunatic Asylum (Courtesy of the State Library of South Australia B6726)

Figure 3. Parkside Asylum 2000 (Photograph taken by author)

Figure 4. Parkside Asylum with the women's pavilion on the left and main building on the right (Courtesy of the State Library of South Australia B9122)

Figure 5. New Norfolk Hospital for the Insane first quadrangle 2001 (Photograph taken by author)

Figure 6. New Norfolk Hospital for the Insane rear of first quadrangle 2001 (Photograph taken by author)

Figure 7. Women's dining room/chapel/ recreation room Parkside Asylum 2002 (Photograph taken by author)

